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Reorganization in the public sector :

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REORGANIZATION IN THE PUBLIC SECTOR:
DIFFICULTIES ENCOUNTERED IN A
PARTICIPANT OBSERVATION STUDY

by

Margaret A. Gigon

A Thesis Presented
to the Department of Social Relations
of Lehigh University
in Candidacy for the Degree of
Master of Arts
in
Social Relations

Lehigh University

1990

Certificate of Approval
for the
Master of Arts Degree
in
Social Relations

We the undersigned faculty, do hereby certify that we have read this thesis and that in our opinion it is fully adequate, both in scope and quality, as a thesis for the degree of Master of Arts in Social Relations at Lehigh University.

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ABSTRACT

The introduction of change is often disruptive to an organization or group. Numerous studies of the reaction of members of organizations undergoing change have been undertaken, although the majority of these have not been of publicly funded organizations. A participant observation study of the reaction of the casemanagement staff of a diverse public human services department to a total reorganization of the department was planned and begun. As an employee of one of the agencies involved in and effected by the reorganization, I felt that I was in an ideal situation to gather data and also believed that I would be able to complete an objective study. However, I found that as the reorganization proceeded it became increasingly difficult for me to remain objective. I began to question the validity of the data that I was gathering and to recognize that my own reaction to the reorganization was influencing the study. It finally became impossible for me to complete the study as planned. This paper addresses the introduction of change during the reorganization, employee reaction to it, and in particular the difficulties that I encountered in attempting the study. These potential problems should be recognized by anyone contemplating a study of an organization of which they are a member.

INTRODUCTION

Reorganization in any system is often necessary and is seldom accomplished with ease. It can be especially difficult in social service agencies where concern of staff, those who deal directly with clients, can conflict with the concerns of the administrators who are planning and directing the implementation of the change. This is particularly apparent in the public sector where functions, responsibilities and accountability are often spread among various offices and individuals, whereas in the private sector these are usually centralized.

Change, implemented to result in an increase in earnings and/or production, is very often necessary for the survival of a private organization and is therefore more readily accepted by staff. Private organizations are also not so apt to be subject to as many legal requirements and restrictions, regulations necessitating greater accountability, and continued scrutiny by the public, politicians, and the media as are public organizations.¹ Thus, inflexibility and aversion to change in the public sector is influenced by factors and elements other than the resistance of staff. Reorganization in the public sector effects not only the members of the organization itself, but the public in general and its specific clientele in particular.² Program advocates and other interest groups will also resist proposed changes. Program managers themselves can be extremely resistant to changes in programs and policies that they have spent years developing.

George E. Berkley summarizes this as follows:

Aversion to administrative change is particularly marked in public organizations . . . public organizations may actually come under pressures to retain the status quo. These pressures are not just internal, such as resistance by their employees to alter their patterns of performance, but external as well. An organization's clientele or its political overseers or both may want things to stay the way they are.³

In a major reorganization in a large and diverse public service organization problems can be compounded. A reorganization of this size will not only have to deal with the possible resistance of personnel involved in each categorical service area, but with differing regulations, laws and mandates, funding sources and differing clientele. In 1984, the Director of Human Services of Northampton County, Pennsylvania, announced the planned reorganization of the department. The reorganization involved the establishment of a centralized intake and casemanagement process within the department. Previously there had existed a separate and distinct process within each of the four divisions, Children and Youth, Mental Health/Mental Retardation, Area Agency on Aging, and Drug and Alcohol.

Employee reaction to the proposed changes was immediate and quite strongly oppositional. I planned and began to undertake a participant observation study of the reactions of the employees to these changes. (The data base, my field notes, are on file in the Department of Social Relations.) This paper will address the introduction of change to the employees during this major reorganization and in particular the difficulties that I, as an involved employee, encountered in attempting to study the effects of these changes on casemanagement staff. Others who may be considering a similar study within their own area of

employment can no doubt benefit from my experience and attempt a different approach. Such a study is probably best undertaken by an outside observer, but with foreknowledge of possible difficulties and careful planning, an individual personally involved in the process could also complete a useful study.

LITERATURE REVIEW

A number of studies have been undertaken investigating the effect that changes within an organization have had on the members of that organization. The majority of these studies have taken place in the private sector, particularly in the area of manufacturing. One of the best known studies is one completed by Lester Coch and John R.P. French.

The purpose of their research was to determine why people resist change and what can be done to overcome this resistance. Minor changes in work procedure were introduced to four different groups of workers in a clothing factory. In one group the workers were involved in the design of the changes through representation. Two groups were involved in designing the changes through total participation. The fourth group was a control group who were not involved in the design of the change but who were instructed in it by supervisors and told to implement it.

Resistance developed almost immediately in the control group. This was evidenced by aggression, expressions of hostility, conflict, and lack of cooperation. Grievances were filed and workers quit. There was little improvement in their output.

The participation through representation group, on the otherhand, showed a cooperative attitude. They worked well with supervisory staff. There was only one act of aggression against the supervisor and no workers quit. They showed a good relearning curve and their output increased.

The total participation groups worked hard and no workers quit. They worked well with supervisors and there were no signs of hostility.

Their recovery rate was the highest and they showed sustained progress.

A second experiment was done using the total participation method with the former control group when they were transferred to a new job. No mention was made to them of their previous behavior. The results of this experiment were greatly different from those of the first experiment. The same group now showed a rapid recovery rate. There was no aggression and no workers quit.

The results of these studies show that resistance to change can be overcome by including those who will be involved in the change in the planning and implementation of that change. Total participation and participation through representation appear to have the same effect although total participation has a stronger influence.

Why does participation in the planning and implementation of a change in the work setting decrease the employee's resistance to that change? The participation in these areas appears to lead to a feeling on the part of the workers that the "new job" is "our job." Their status as valued employees is maintained and in many cases enhanced. They can more easily accept change when they have had a part in the planning process. They can also more easily understand the need for the change.

The non-participatory group, by not participating in the planning process, was made to feel that they were not being perceived as valued workers. Their "know-how" or expertise was being over-looked. The feelings of frustration that they experienced led to the group's rejection of the change and the restricted level of production. In the second experiment, when they were involved in total participation,

completely different results were seen.⁴

Douglas T. Hall and Roger Mansfield conducted a study of researchers in three research and development organizations undergoing environmental stress. Decreases in available financial resources led to increased pressure both from higher management and from the federal government (the principal funding source) to show a quicker financial return on research activity. Two of the organizations cut back on research staff, both through attrition and dismissals. All three began to stress short term results and applied, rather than basic, research. The ability of the researchers to become involved in projects in which they were most interested was reduced.

The decisions for the changes were made by top management with little or no consultation with the research staff. There was little communication to them regarding the reasons for the changes or at times, even the details of the changes.

The study showed that the changes resulted in a reduction in job satisfaction among the researchers. They felt removed from the decision making and alienated from the organization. While they maintained their identification with their work, they withdrew psychologically from the organization.⁵

A study by Edward E. Lawler III, J. Richard Hackman and Stanley Kaufman about the effects of job redesign showed no change in job involvement or motivation but did show a significant negative impact on interpersonal relations. These employees had not participated in the job redesign. It was felt that had they been allowed to participate in the planning and implementation of the changes, their morale would have

been higher and consideration could have been given (prior to the implementation of the changes) to compensation for the restructuring of their job responsibilities.⁶

In 1982, a departmental study was undertaken by the Defense Systems Division Employee Relations Department at Honeywell. The objectives of this study were to define its mission as a function of the division, to define its working relationship within the division and with other organizations, to measure its effectiveness, and to make recommendations for changes to improve its effectiveness and performance. The study combined data gathering with participative planning and decision making. All employees were involved in the process.

Changes were recommended in three areas; in the organizational structure, mission and charter, and in the communication, coordination and planning processes. The recommendations were implemented with a minimum amount of turmoil and with the cooperation of staff at all levels. "The importance of a participative planning process -- involving a core study team and communicating regularly with all affected parties -- is crucial to the success of such a study."⁷

Similar findings have been found in studies undertaken in the public sector. In the early 1970's, the city of Bellevue, Washington, began to consider the concept of integrating the police and fire departments. The objectives of the organizational change and integration of the two departments were more efficient use of personnel, elimination of duplication of staff supports (communications, clerical, budgeting), more efficient use of available funding, and to increase

cooperation and cohesiveness between the two departments. The new department formed by this integration was titled the Department of Emergency and Safety Services.

An article outlining the efforts undertaken to accomplish this integration describes various reactions on the part of the employees of both departments. These reactions included a perception of threat to individual status, feelings of confusion and alienation, paranoia, rumors, mistrust and suspicion, and defensiveness and resentment on the part of line staff because they were not consulted regarding the changes being undertaken.

Although the new department was eventually successfully established, issues were identified which led to some of the problems encountered. These issues included the failure to involve personnel so that they could understand and support what was happening, attempting to institute the changes too rapidly, legal problems involving the retirement system, and involving two outside consultants when the use of one would have been more effective. Had these issues been recognized prior to the implementation of the changes, some of the problems encountered could have been avoided.⁸

A longitudinal study by Douglas T. Hall, Samuel Rabinowitz, James G. Goodale and Marilyn A. Morgan in a government agency undergoing organizational changes which greatly altered the job characteristics of many employees consistently showed negative effects associated with the changes. These negative effects were evidenced in decreases in job satisfaction and work involvement. This was seen wherever change was taking place even when the change was perceived as positive. The

control group, where no changes were taking place, showed positive work attitudes.⁹

Another study involving public sector employees investigated the relationship between organizational change, job satisfaction and role clarity. Results showed a high degree of correlation between role clarification and frequency of change with job satisfaction. Organizational stability and a high degree of role clarity led to higher job satisfaction.¹⁰

There is a need for further research regarding the effect of organizational change on public service employees. The attitudes of the 1970's and the availability of funding at that time resulted in the establishment of new social service programs and agencies, both public and private non-profit, as well as a great deal of growth among existing agencies. A change in attitude and priorities during the 1980's has led to a decrease in funding sources as well as the amount of funds available to these agencies. Changes in order to maximize the effective use of these limited funds are inevitable. Administrators and managers need to recognize, anticipate and therefore minimize difficulties which will be encountered.

BACKGROUND

In 1976, Northampton County voted to adopt a Home Rule form of government to replace the previous form, County Commissioners. The Home Rule Charter separates the executive and legislative branches of county government through the establishment of a nine member County Council to serve as the legislature and a County Executive to implement the decisions of the Council and the state and federal laws relating to local government.¹¹ The Department of Human Services was created in 1978 to oversee and administer the operations of the Area Agency on Aging, Children and Youth Services, Drug and Alcohol, Mental Health/Mental Retardation, and Gracedale, the County Home. These various agencies, each created or established by different state and federal legislation and operating under separate regulations (both state and federal) had previously existed and operated wholly independently of one another and did not answer to one administrative head within the county. With the creation of the department they were placed under the direction of the Director of Human Services.

In the 1960's and 1970's public social service agencies in the United States expanded greatly as did the monies to fund them. The late 1970's saw a significant increase in publicly administered human services in Northampton County. The establishment of laws, mandates, and regulations requiring county government participation and responsibility for program management were fortunately matched by an increase in the availability of state and federal monies.¹² Expansion of existing services and the establishment of new and innovative

programs was possible. This rapid expansion and development within the separate divisions of the Department of Human Services also meant fragmentation and duplication of services. For example, a child who was not attending school would probably be involved with both the Children and Youth Division (CYD) and Mental Health/Mental Retardation (MH/MR). Children and Youth would be involved because that agency was required to deal with truant children. After investigating the possible causes for the truancy, the agency might make a referral to Mental Health/Mental Retardation for counseling. In the family's involvement with each agency, they would have to go through an intake and assessment (CYD) or intake and evaluation (MH/MR) process. If, as a result of the MH/MR evaluation the child entered therapy or counseling with that agency, he and his family would also continue to be involved with CYD. The child and his family would be casemanaged by both agencies.

The economic and political environment of the 1980's saw a reduction in available funding for human services and also a need for public agencies to more carefully document and account for the use of those funds they did receive. It became necessary to look for ways to streamline the provision of human services to avoid duplication of services, to become cost effective, and to coordinate the management and provision of services with other public and with private service providers. The emphasis of the 1980's, in part because of these restrictions on funding and on tightening of accountability, was on planning, consolidation of available services, and on the effective and efficient management of limited resources. In 1983 it began to become apparent that more expansive and innovative ideas for human service

delivery in the county were being considered.

Chronology

In 1981, Northampton County was selected as one of four pilot counties in the Commonwealth of Pennsylvania to develop a single social services plan rather than the separate plans for each of the various agencies which had been the previous practice. The Northampton County Comprehensive Human Services Plan, Fiscal Years 1983-86 was the second such plan developed in the Commonwealth.¹³ This plan has been updated yearly, with each update indicating changes in planning in the development and reorganization to a more coordinated human services delivery system within the county.

The following statement from the 1985-86 Plan Update defines the purpose of the Comprehensive Human Services Plan and gives an indication of the direction being undertaken toward a coordinated human services system.

This document serves as a blue print for the development of a more coordinated human services delivery system in Northampton County. Comprehensive planning is an ongoing process that encompasses and incorporates various functions of public administration including program development, grants management, evaluation, and budgeting. Therefore, the Comprehensive Human Services Plan Update for Fiscal Year 1985-1986 further refines the systems approach to human services management and administration that was established in the initial comprehensive planning effort.¹⁴

In 1983, Northampton County was selected by the Commonwealth as one of four counties (with Clarion, Dauphin, and Lehigh Counties) to become a part of the Four County Client Outcome Evaluation. This study, under a federal grant, developed a measurement of client progress and

achievement of goals. The efforts of this evaluation project were expected to impact on planning for social service agencies and were, in fact, utilized in the development of the Northampton County Centralized Casemanagement design.

The rationale for involvement in this study, with its' expected impact on the planned reorganization of the department was:

This project is consistent with recent initiatives to coordinate and consolidate local human services programs in order to diminish the fragmentation, service duplication, and narrow specialization that marked the autonomous and rapid development of public social services in the 1960's and 1970's. In light of drastic funding reductions for human services, it is necessary to develop new and less costly approaches to service delivery. It is evident that the major challenge of the 1980's is the efficient and effective management of limited resources rather than continued program expansion and experimentation. Consistent with this mission, comprehensive human services planning¹⁶ has emerged as a major element in Northampton County.

In the fall of 1984, the Director of the Department of Human Services announced that the Area Agency on Aging, Children and Youth Division, Drug, Alcohol and Adult Services Division and Mental Health/Mental Retardation would be reorganized under a coordinated casemanagement system which was defined to staff as follows:

Coordinated Casemanagement is a process that involves a set of system-wide procedures designed to address human problems and needs. This uniform application of procedures includes identifying and analyzing all of a client's problems/needs, developing a service plan, linking clients to the services system, and assuring that services are rendered to clients in a responsive manner. The Coordinated Casemanagement function organizes services and service combinations to maximize the efficiency and effectiveness of services to clients, as well as to identify deficiencies and inadequate resources

for purposes of program planning and development.¹⁷

This coordinated casemanagement system would be developed under one of two models, lead casemanagement or centralized casemanagement.

Centralized Casemanagement: This option would centralize all casemanagement staff under one administrative unit. Casemanagement staff would serve any type of client with multiple problems/needs, and all age groups -- i.e. children, youth, adults, and elderly. Staff could be assigned and located at different sites in the county to facilitate access to the human services system, or could be assigned at one centralized location if the county is small in geographic and population size. For County Government, this option would centralize all casemanagement activities of MH/MR, Aging, Drug and Alcohol, and Children and Youth.

Lead Casemanagement Agencies: This option would involve defining clear criteria for assigning one "lead" agency for performing casemanagement for each client/family. It would eliminate duplication of casemanagement activities and data collection for clients, where two or more casemanagement staff are involved. Case conferences and inter-departmental meetings would be needed to resolve conflicts. Procedures and information would need to be standardized.¹⁸

Impact

Either of these projected changes in casemanagement functions would have a great impact on the four agencies involved. All, with the exception of Drug and Alcohol, provided their own casemanagement and had their own casemanagement staff. Drug and alcohol contracted with private providers for all services, including casemanagement. The Area Agency on Aging's function was solely a casemanagement function; all services (Meals on Wheels, Homemaker-Healthaide services, Respite Care, etc.) provided by the agency were on a contract basis. The majority of services provided by agency staff in Children and Youth were

casemanagement services. With the exception of treatment provided in the Child Abuse Treatment Unit, most of the other services were contracted out to other providers (counseling or therapy, Home Visitors who provided hands-on parenting training in the home and, of course, residential placement).

Mental Health/Mental Retardation had been separated into two subdivisions, Mental Health Services and Mental Retardation Services. The Mental Retardation Unit was primarily a casemanagement unit. Although there was limited counseling provided by the casemanagers, the majority of the services provided were on a contract basis. This included such services as Respite Care, Behavior Management, recreational services, day programming, and residential services. Mental Health services were provided by county staff in the Base Service Units as well as by contracts with individuals and agencies. The two Base Service Units in the county are licensed Outpatient Psychiatric Clinics and provided treatment as well as casemanagement. Other mental health services were contracted (psychiatric evaluations, therapy, vocational and social rehabilitation services, partial hospitalization services, and inpatient hospitalization).

Casemanagement Structure

The size of the casework staff in the four agencies, because of the varying functions, was not similar. Drug and Alcohol had no casework staff (all casemanagement was contracted). The Area Agency on Aging (AAA) had eighteen caseworkers. As was mentioned earlier AAA directly provided only casemanagement services; all other services were contracted. Children and Youth employed thirty-three casework staff

within the various units (Child Abuse, Adoption, Foster Care, Intake, Adolescent Services, Child Protective Services, and Family Services). All performed casemanagement services only, with the exception of the six casework staff in the Child Abuse Treatment Unit. These workers also provided family therapy to clients and their families. The MH/MR Division consisted of two Base Service Units, the Administration Office, the Mental Retardation Unit, and the Special Services Unit which handled the Emergency Services and Community Residential Rehabilitation Services (a residential program for the mentally ill). The Mental Retardation Unit consisted of ten casemanagers divided between Community Living Arrangements (CLA), Community MR, and Institutional MR and provided casemanagement services with limited counseling. The Special Services Unit had one caseworker who provided both counseling and casemanagement to the residents of the Community Residential Rehabilitation Services Program (CRR). The two Base Service Units (one in Easton and one in Bethlehem) provided the majority of the treatment and all of the casemanagement for mental health clients with the exception of CRR residents. Each Base Service Unit (BSU) had five full time caseworkers and one caseworker (Emergency) who worked in each BSU on alternate weeks. This position was a casemanagement position only while the other ten provided treatment (counseling or therapy) as well as casemanagement.

Client Entry Into the System Prior to Reorganization

Prior to the reorganization of the Department of Human Services clients entered each division through a separate intake process. If a client was involved with more than one division there could be a duplication of that process plus a duplication of casemanagement. For

example, a young mother might be involved with Children and Youth because one or more of her children were in foster care and she herself might be a client of Mental Health because she required treatment for an emotional problem. She would have to go through a separate intake process in each agency and be assigned a caseworker in each agency. While the intake process and interview would be structured differently and the information gathered would differ, she would be required to go through the process twice. She would also be required to deal with two caseworkers. Although they would be working with her in separate areas of her life and toward different goals, it would be necessary for her to deal with two separate individuals and two separate agencies. It is also conceivable that a family could be involved with all four divisions at the same time. Grandmother might be receiving services and casemangement from AAA. Father might be involved in Drug and Alcohol services, mother with mental health services, a seven year old in foster care through Children and Youth and a ten year old mentally retarded child receiving services through the MR unit. In a situation such as this, the family would be working with at least four different casemanagers.

Announcement of Reorganization

In the fall of 1984, the Director of the Northampton County Department of Human Services announced that the four divisions would be reorganized under a coordinated casemanagement system. This system would be developed under a centralized casemanagement model. All casemanagement would be handled within this central unit in contrast to the multiple casemanagement which currently occurred when an individual

was involved with more than one division. The basic premise behind the reorganization was sound; it was expected to be cost effective and to reduce duplication of effort and to maximize the efficiency and effectiveness of the delivery of service to the client.

The implementation of such a complete reorganization naturally was to involve major changes in all levels of the department. Staff to be most effected would be casemanagement staff. Not only would the method by which they provided casemanagement change, the clients to whom they were to provide the service would change. Casemanagers would no longer work with one categorical type of client and service; they would now be required to deal with all types of clients (aged, mentally ill, mentally retarded, drug and alcohol abusers, and children in need of services). They would also need to know what services were available to this diverse clientele. Even more demanding for them, and their supervisors, would be a need to be familiar with the varying laws, mandates, and regulations that govern the provision of service in each of these areas. Physical changes would also take place. Changes in office location, not only within a specific building, but for some also to a different site in a different part of the county, were experienced by the majority of the staff. In some cases, individuals who had previously had a private office now found themselves sharing office space with others.

Employee Reaction

The reaction on the part of employees, especially casemanagement staff, was one of anxiety and distrust throughout the planning and implementation process. This was especially evident in casemanagers who were long term employees. Those who had been employed for a relatively

short period of time were much more accepting and open to the reorganization. Those who had been employed in the separate divisions for a longer period (and this was by far the majority), who had become familiar with the regulations and mandates under which their agency operated and who had perfected the skills necessary in dealing with that particular clientele, were uneasy and questioning about the scope of change they were told they were expected to undergo. This uneasiness was communicated to administrative staff, but appeared to be passed off as dissatisfaction and undermining or sabotage. Many experienced caseworkers, some of whom had been working within a particular categorical system for a number of years, many as much as twelve to fifteen years, left Northampton County and gained employment with neighboring counties.

There was a perception at all levels, supervisory and management as well as with line staff, of a lack of involvement and participation in the planning process and of a non-acceptance of their suggestions and comments. The consensus of opinion was that decisions had already been made and that implementation would also be made without regard for staff input and concerns. As implementation of the reorganization progressed this perception heightened. The feelings of anxiety and distrust continue today, five years after the announcement of the reorganization was made and three years into the new system.

PLANNED STUDY

In my study of employee reaction to change during the reorganization I had planned to focus on one division, MH/MR, as it became apparent early in the planning process, as well as during the actual implementation, that similar reactions were occurring in all divisions. It was my initial hypothesis that the primary reason for the anxiety and extreme reluctance to accept the proposed changes was directly related to a perceived loss of status or identity as a worker who, through years of experience, had become an "expert" in his particular field. I also felt that the minimal involvement of line staff in the planning process, the unresponsiveness to their suggestions and concerns, and the lack of open lines of communication from the administration contributed to their reaction.

The principal method of collecting data would be participant observation and interviews, as well as content analysis of documents, memos, and minutes of meetings. My first step was to gain approval for the study. Once this was obtained, I would begin to collect the data necessary to complete the study. However, a few weeks after beginning the collection of the data, it became obvious that I was encountering problems which would make it difficult to complete the work.

STUDY

I began by completing a brief summary of what I planned to do. This included what I wished to study (the effect of change on public social services employees), the methods to be utilized (participant observation, review and analysis of documents, and the use of a survey and interviews) and a description of the group to be studied (casemanagement staff in the MH/MR division). This summary was presented, along with a verbal discussion of what I hoped to undertake, to my immediate supervisor, the MH/MR Administrator, who in turn would present it to the Director of Human Services. After further questioning regarding my purpose behind the choice of such a study and very definite warnings to confine the study to the effects of change on the subjects and not to delve into the actual design and implementation of the reorganization, I was, reluctantly, given permission to undertake the project. This was the first indication that things would not go as smoothly as I had anticipated and that there were also possible political aspects of such a study. The following excerpt from my field notes record my meeting with my supervisor and my reactions to this meeting.

January 22 1986 -- Met with B.C. this afternoon. Showed her a copy of my proposal. Her first reaction was that she doubted I'd be allowed to do it. But I think she thought I would be examining the model itself and the changes being implemented. Once she understood that I would not be looking at that but at the reaction of people to the reorganization, she was more accepting. She recommended that I concentrate on supervisory level and above and perhaps on group reaction rather than individual. She'll speak to J.F. about and get back to

me. Feels he'd object to some of the wording in the proposal as is, therefore won't show him . . . She'll discuss my proposed study with J.F. and let me know. I guess it never really occurred to me that I might be told that I couldn't do it.

Once permission to undertake the study was obtained, I began taking notes of my observations and interactions with my colleagues on a daily basis. I also reviewed and began analyzing the numerous memos, minutes of meetings, and other pertinent documents which I had compiled and which continued to be generated. I also planned to construct a survey instrument to be administered to MH/MR casemanagement staff after ten months of compiling observational data.

From the very beginning of the planning and implementation process, when it became clear that the reorganization was going to occur and it began to become obvious that little input from clerical, casemanagement, and supervisory staff would be considered, a climate of suspicion and anxiety was obvious at all levels and across all divisions. As I began to re-read and analyze my notes, I could see this quiet clearly, more clearly than I had noted prior to beginning to document my observations. The following excerpts from my field notes are representative of my observations.

February 28, 1986 -- Supervisors Meeting with D.S. Ended with a very frank discussion regarding the secrecy (or perceived secrecy) and staff reaction to the whole thing. I came right out and said that I felt that this was the reason for the reaction of casemanagement staff and the militancy they have been and continue to show.

September 17, 1986 -- The final day of the Management Seminar. Everyone more relaxed together today. Some interesting discussions, comments, and letting down of hair! Still find (feel) people treading softly and

carefully. Never know whether or not to believe some of them when they discuss feelings of uncertainty and unease. Talk of whether or not there is a "master plan." People don't seem to be questioning the reasoning or even the premise behind the change as much as they did before. Now talk of the way it has been handled and the uncertainty, the unknown. We all seem to be testing each other, feeling each other out -- what do you know that I don't -- who has influence, etc.

January 12, 1987 -- Much anxiety remains, at all levels and not just in MH/MR. This whole thing could and should have been handled so much better. Open communication, making an effort to involve (early on) line staff, making an effort to really get to know what each agency (and each office and site) does. Visibility, openness, and friendliness -- the little things that can make all the difference. None of this was done or I think even considered.

As I continued to observe and document my observations, I began to recognize that it was becoming increasingly difficult to be an objective observer. I recognized this as a major problem, one which was effecting the quality and validity of the data I was obtaining. In an attempt to overcome this I tried to become as objective as possible and to separate myself and my own feelings regarding the reorganization and my reactions to it. Finally I had to recognize that I was unable to do this; my own beliefs were too strong. I also knew that I must be careful not to identify too closely with the particular group that I was studying (MH/MR casemanagers), that I must separate myself and my feelings from them and their feelings. I began to question how they viewed me, both as a participant observer and as a middle manager in the organization. Were the observations that I was noting accurate? How did they really define my role? Were they reporting what they thought I wanted to hear or were they reporting how they actually felt? The following examples

from my field notes reflect this:

December 19, 1985 -- Still a lot of questions from staff, especially as to where I will be when the change comes. I don't know and that's what I tell them. Wonder if they believe me.

February 10, 1986 -- Staff talk about all these goings on in front of me, which on the one hand makes me feel good that they don't see me as one of the "enemy," but also makes me feel uncomfortable and as if I'm being placed in a netherworld between the two opposing forces. I told them I felt that I was being put in the middle.

August 21, 1986 -- People asking for update of changes daily -- halls buzzing. I'm becoming more and more anxious.

All of the aforementioned difficulties led me to question the validity and reliability of the data that I was gathering. Much as I tried, I was unable to become neutral and free of bias. While I felt that the information that I was gathering was helpful in understanding the reactions to the reorganization (what I had set out to do), I continually questioned my ability to analyze it. Was I too sensitive to my own feelings and beliefs? Was I, perhaps unconsciously, being selective in my perception and interpretation of what I was observing?

I also found myself becoming a bit paranoid. While I don't believe that there was any overt action on the part of the administration to obstruct my study, there could have been subtle indications to staff that it would not be in their best interest to be totally open with me. I also wondered how staff viewed me in my dual role as a middle manager in the organization and as an observer studying their reactions to the changes occurring within that organization. Were they suspicious of my reasons for undertaking the study and therefore

reluctant to be totally open with me? Was the data that I was obtaining from interviews and observations contaminated?

I knew that I must be careful not to identify too closely with the particular group that I was studying. I must be objective. I finally had to recognize that I was unable to participate with staff on a daily basis during this time of upheaval and also to separate myself from them and to be objective about what I was observing and studying.

I lost my perspective. My own involvement with what was happening was taking precedence over my role as an observer. I began to wonder if I was placing my own personal interpretation on what I was observing because of my own feelings about the reorganization. I felt very strongly that the proposed reorganization was faulty and that its implementation as planned was also flawed. Suggestions from staff which should have been valued and carefully considered were ignored. The emphasis was on forcing the department and services it provided its clients to fit a predetermined format which seemed to ignore the needs of clientele to be served and placed no value on the experience of staff, many of whom had over twelve years service in one of the categorical systems. Experienced staff, including myself, began to feel devalued. We, who had been working face to face with clients or who had supervised those who did, who planned and monitored programs, dealt with budgetary and personnel issues, were made to feel that their knowledge and experience was no longer of any value. Our opinion, our input was not respected; it did not fit into the preordained "grand plan." The following excerpts from my field notes illustrate this.

January 22, 1986 -- We discussed the reorganization. She seems to agree that the whole thing (from a management point of view) was totally mismanaged. Too drawn out; lack of involvement from casemanagement staff -- the comparisons to a reorganization in business (quick, all planned out ahead, etc.) are endless.

May 20, 1986 -- All these researchers and bureaucrats designing "tools" and forms and new ways to do things -- if they have ever worked with people they've forgotten what it's like. Meeting with J.D., L.C., and D.M. this morning . . . Discussion of Centralized Casemanagement, of course. How will it work -- will it work. J. on Advisory Committee and says at their meetings questions similar were raised. His impression is that this is "laid in concrete" and it will go -- no matter what! . . . There's no turning back even if it should be recommended. It will go on for the two years -- and then I wouldn't doubt drift back to the way, or approximately the way, it is now.

January 16, 1987 -- The most beneficial thing about the two days (to me) was hearing that other supervisors and department heads have been feeling the same frustrations and concerns as I.

I personally also felt a great deal of conflict regarding my own role as a member of the system as well as my role as an observer. This caused a great deal of anxiety and questioning about my role of and my ability to act as an observer in this particular situation. This naturally effected my ability to act as such and led to questions about the accuracy of my observations and my recording and interpretation of them. I recognized that the observations that I was recording, the data that I was gathering, were neither reliable nor valid.

CONCLUSION

Participant observation, as a research technique, is particularly useful in the study of the dynamics of a social organization. However there are certain "pitfalls" which one should be aware of when using this particular research method.

The issues of role conflict and of objectivity versus subjectivity were major factors in my difficulties with the study I had planned. The dichotomy of being in two positions, that of the observer as well as an employee directly involved in and effected by the situation being observed, can be very difficult to resolve and can also lead to some feelings of guilt regarding the observation of one's fellow workers. It is difficult to maintain detachment while doing field research in one's own work place. My field note show this quite clearly.

Selective perception and interpretation of data must be recognized and avoided. Over-identification with the subjects being observed can lead to selective emphasizing of certain aspects of data and ignoring or discounting others. The researcher must be able to combine rapport with his subjects with objectivity in order to carry out the study and to be able to interpret and analyze the observations. My field notes reveal an emphasis on the more negative observations with very little noted about any positive aspects of the changes taking place.

Emotional involvement is inevitable even when undertaking a study in which the researcher has not been previously personally involved. The researcher must recognize and contend with his feelings as a part of his study. He must be aware of them and thus be able to deal with

possible distorting influences in his analysis of the data gathered.

Howard S. Becker has organized these concerns and points out other areas which can influence the data obtained in a participant observation study. The observer should be aware of these in order to assess the data being obtained. These include the credibility of the informant. Are his feelings coloring the information? Is there some unknown ulterior motive for the information offered? These became my concerns as I recognized my loss of objectivity.

How the information is obtained can also influence data. Individuals may respond differently in a one to one situation with the researcher than they will when in a group. The observer must be cognizant of this and be able to judge whether or not the response or behavior would occur in both situations. I recognized this as a problem since I found that observations that I was recording in one to one situations were sometimes quite different than those observed from the same individuals in group situations. Peer influence can color responses and must be taken into account. I, myself, also had difficulty separating what were confidences given as a friend from opinions given to a researcher. My field notes express my concerns in this area. Individuals would voice opinions to me alone which differed from those expressed in the presence of others, or would discuss issues or concerns with me that they would not discuss or even respond to questions about when in a group.

The role of the observer must be taken into account. How do the subjects being observed view the observer? Is he known to be an observer? The interpretation of the data obtained is dependent on

whether the observer is viewed as a member of the group or as an outsider observing the group. I was really never sure of how those I was observing viewed me.

Another point that Becker raises is that the observer's conceptualization of the problem or situation being studied can effect his ability to be an objective observer and can also influence his assessment of the data obtained.¹⁹ Because of my own feelings regarding the reorganization, I narrowed my observations to those which tended to support my views and ignored others which may have indicated the existence of other processes and other possibilities and points of view.

A review of my field notes shows few observations which were not supportive of my initial hypothesis that the anxiety and reluctance to accept the changes were directly related to a perceived loss of status and that the almost total lack of involvement of staff in the planning and implementation process contributed greatly to their reaction.

A study of the reactions of the casemanagement staff to the reorganization of the Department of Human Services would have been fascinating and of great assistance to similar organizations contemplating such a total reorganization. It could have assisted others to achieve a smoother transition by pointing out many problem areas and methods that an administrator could avoid or handle differently in order to avoid the many problems experienced in Northampton County.

Anyone considering the undertaking of a study involving a situation in which they are personally involved, should be cognizant of the difficulties that can occur. They should be aware of them and be

confident of their ability to overcome them. An individual undertaking such a task must feel totally capable of being objective and able to separate his or her own feelings and beliefs from their observations and interpretations.

NOTES

¹ George E. Berkley, The Craft of Public Administration, 4th ed. (Boston: Allyn and Bacon, Inc., 1984), pp. 10-11.

² Richard J. Stillman II, Public Administration: Concepts and Cases, 3rd ed. (Boston: Houghton Mifflin Co., 1984), p. 361.

³ Berkley, P. 321.

⁴ Lester Coch and John R.P. French, Jr., "Overcoming Resistance to Change," Human Relations, 1, No. 4 (1948), pp. 512-532.

⁵ Douglas T. Hall and Roger Mansfield, "Organizational and Individual Response to External Stress," Administrative Science Quarterly, 16 (1971), pp. 533-547.

⁶ Edward E. Lawler, J. Richard Hackman and Stanley Kaufman, "Effects of Job Redesign: A Field Experiment," Journal of Applied Social Psychology, 3 (1973), pp. 49-62.

⁷ Rosabeth Moss Kanter and John D. Buck, "Reorganizing Part of Honeywell: From Strategy to Structure," Organizational Dynamics, 13, No. 3 (1985), pp. 5-25.

⁸ Cabot J. Dow, "Organizational Change and Development: The Bellevue Experiment with Emergency and Safety Services," First Tango in Boston, Proc. of a Seminar on Organizational Change and Development, 21-22 Sept. 1973, National Training Development Service, (Washington, D.C.), pp. 265-282.

⁹ Douglas T. Hall, James G. Goodale, S. Rabinowitz and M.A. Morgan, "Effects of Top-Down Departmental and Job Change upon Perceived Employee Behavior and Attitudes: A Natural Field Experiment," Journal

of Applied Psychology, 63, No. 1 (Feb. 1978), pp. 62-72.

¹⁰ Terry L. Gibson, "The Effects of Perceived Frequency of Organizational Change on Role Clarity and Job Satisfaction of Public Sector Employees," Journal of Social Science Research, 7, No. 1 (Fall 1983), pp. 17-35.

¹¹ County of Northampton Department of Human Services, Comprehensive Human Services Plan, Fiscal Years 1986-1989, (Easton, PA.: County of Northampton, 1985), p. 7.

¹² County of Northampton Department of Human Services, Comprehensive Human Services Plan, Fiscal Years 1983-1986, (Easton, PA.: County of Northampton, 1983), pp. 3-5.

¹³ County of Northampton Department of Human Services, Comprehensive Human Services Plan, Fiscal Years 1983-1986, (Easton, PA.: County of Northampton, 1983), p. 1.

¹⁴ County of Northampton Department of Human Services, 1985-86 Fiscal Year Update to the Comprehensive Human Services Plan, (Easton, Pa.: County of Northampton, 1984), p. 2.

¹⁵ Human Services Planning Systems, Inc., Four County Consortium Human Services Evaluation Model Systems Design and Training Manual, (Harrisburg, Pa.: HSPS, Inc., 1984), P. 1.

¹⁶ County of Northampton Department of Human Services, Comprehensive Human Services Plan, Fiscal Years 1983-1986, (Easton, Pa.: County of Northampton, 1983), p. 1.

¹⁷ Definition: Coordinated Casemanagement, distributed to staff at meeting of Supervisors Committee, Feb. 12, 1985.

¹⁸ Options for Counties in Implementing a Coordinated

Casemanagement System, distributed to staff at meeting of Supervisors Committee, Feb. 12, 1985.

¹⁹ Howard S. Becker, "Problems of Inference and Proof in Participant Observation," American Sociological Review, 23 (Dec. 1958), pp. 652-660.

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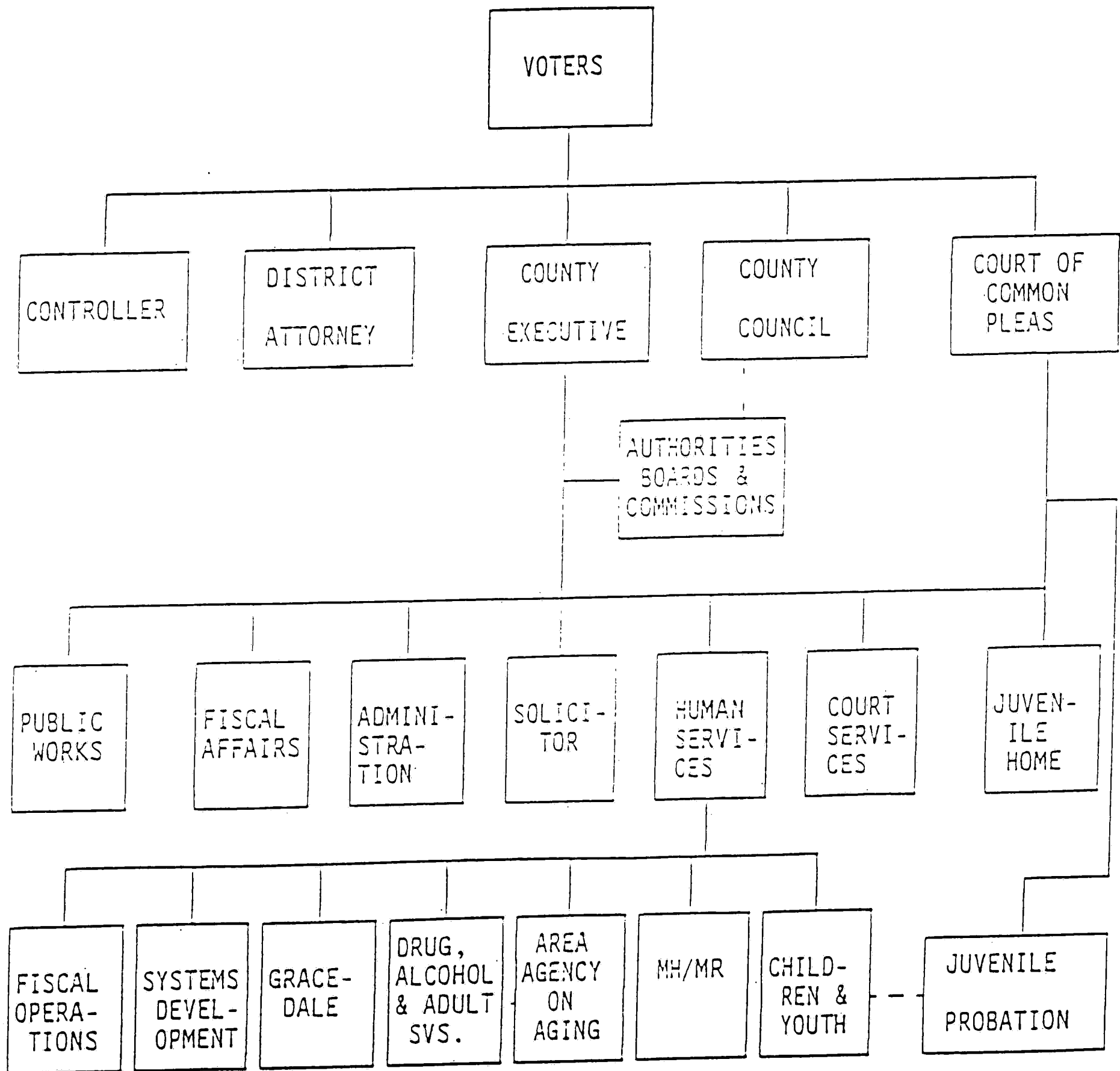
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APPENDICES

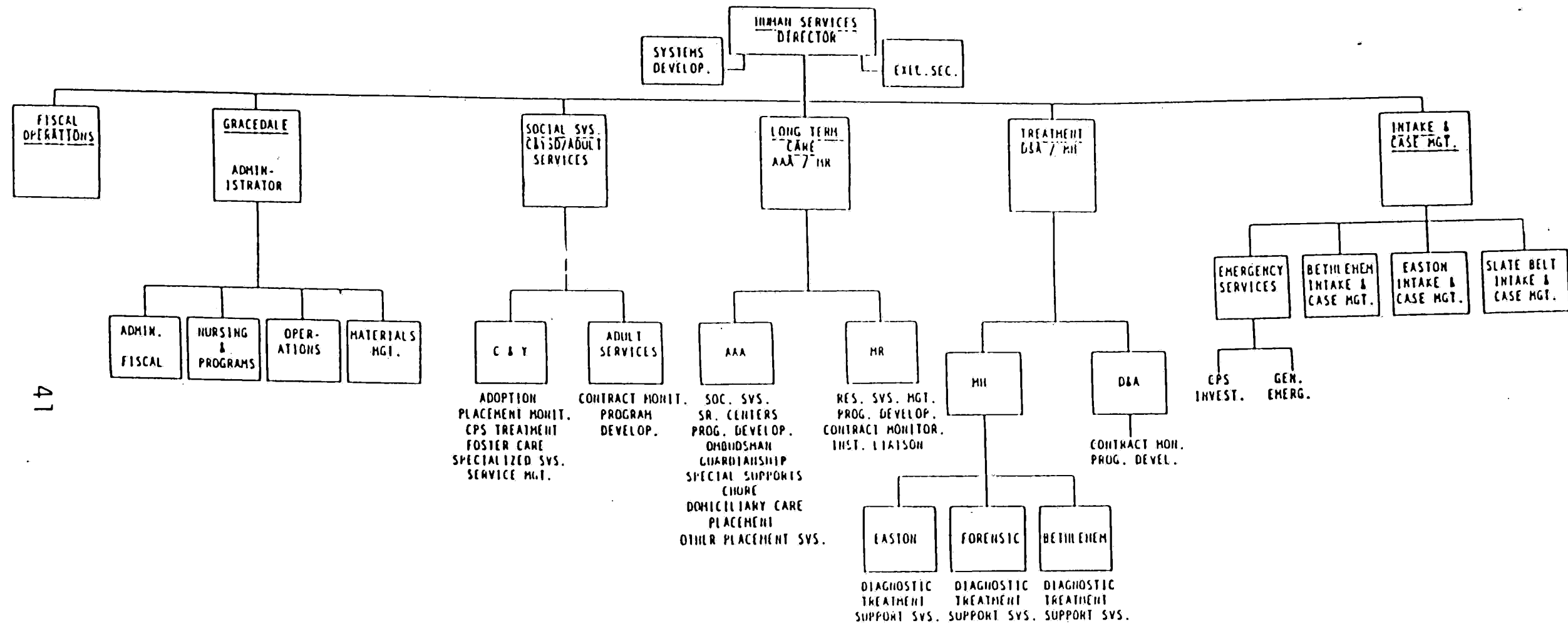
APPENDIX A



NORTHAMPTON COUNTY ORGANIZATIONAL CHART

1985

APPENDIX B



NORTHAMPTON COUNTY

DEPARTMENT OF HUMAN SERVICES

ORGANIZATION CHART

1987

VITA

Margaret Anne (Bradbury) Gigon was born on September 9, 1937, in Ware, Massachusetts, to John H. and Mae C. Bradbury. She graduated from James T. Lockwood High School in Warwick, Rhode Island in 1955 and from Colby College, Waterville, Maine in 1959 where she earned an A.B. Degree in Psychology. She has been employed in the field of Human Services, in the public sector, since 1974 and currently holds the position of Coordinator for Mental Retardation Services with the Northampton County Department of Human Services in Easton, Pennsylvania.